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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

AUG 29 2016 DC

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Kevin Crawford

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Thomas J. Dakt

16-cv-8461

Judge Ronald A. Guzman
Magistrate Judge Susan E. Cox
PC1

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Kevin Crawford
- B. List all aliases: N/A
- C. Prisoner identification number: 20151228089
- D. Place of present confinement: Cook County Jail
- E. Address: 2700 S¹ California IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas J. Dart ~~COOK COUNTY SHERIFF~~
- Title: ~~COOK COUNTY SHERIFF~~ Sheriff
- Place of Employment: Cook County Jail
- B. Defendant: N/A
- Title: N/A
- Place of Employment: N/A
- C. Defendant: N/A
- Title: N/A
- Place of Employment: N/A

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
N/A
N/A
N/A
- D. List all defendants: N/A
N/A
N/A
N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
N/A
- G. Basic claim made: N/A
N/A
N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
N/A
N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I'm writing your office due to an recent incident that happen here at Cook County Jail Since I've been incarcerated. I've had medical problems due to the mold infestation problems here at the Cook County. I've made compliants about the Sitation and yet theres been nothin done. So I'm asking for your help in this now law circumstance. My medical problem is that I'm astmatic and my problem is taking in Air that is due to mold infestation problem in the Showers here at Cook County Jail.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the official of the Cook County Jail to be terminated and/or suspended indefinitely for the unsanitary Condition of Confinement I want the Courts to order the Officials at the Cook County Jail to utilize legal methods for housing inmates Compensatory Damages in the amount of \$500,000 us Currency. This is not right we have to wash up in a black mold Shower in Div 6 2-R.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 23 day of _____, 20____

Kevin Crawford
(Signature of plaintiff or plaintiffs)

Kevin Crawford
(Print name)

20151228029
(I.D. Number)

(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20166687

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Crawford

INMATE FIRST NAME (Primer Nombre):

Kevin

ID Number (# de identificación):

201510280281

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 living conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

8/17/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Your concerns have been addressed. We are working with the engineers to correct these problems.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Lt. Alvarez

SIGNATURE:

[Signature]

DIV. / DEPT.

6

DATE:

8/11/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):☒ GRIEVANCE SUBJECT CODE:

170

☐ NON-GRIEVANCE SUBJECT CODE:

Kevin Crawford

8/11/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

8/12/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

initial concerns were only met with power washing mold still ~~remains~~ ~~remains~~ remains in Shower

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand: Kowara RDR will notify sub. support services of alleged continued issue.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J. Mueller

[Signature]

8/17/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):

Kevin Crawford

8/18/16

INMATE COPY



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20166321

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Crawford

INMATE FIRST NAME (Primer Nombre):

Kevin

ID Number (# de Identificación):

020151228029

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170- hours Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Capt. SUPERVISOR

DATE REFERRED:

8/14/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

1. Supervisor will meet with inmate

PERSONNEL RESPONDING TO GRIEVANCE (Print):

H. L. L.

SIGNATURE:

H. L. L.

DIV. / DEPT.:

DATE:

8/15/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

8/15/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☒ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Kevin Crawford

DATE RESPONSE WAS RECEIVED:

8/17/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

8/12/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

initial needs still were not met

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐☒ No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

Original Response to Stand.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J. Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

J. Mueller

DATE (Fecha):

8/17/16

INMATE SIGNATURE (Firma del Preso):

Kevin Crawford

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

8/18/16

INMATE COPY

Kevin Crawford
20151228029
P.O. 089002
Chicago IL 60608

2016 AUG 29 PM 12:30 TM



CH

Prisoner Correspondent
United States District Court
219 S. Dearborn Street
Chicago IL 60604

16-cv-8461
Judge Ronald A. Guzman
Magistrate Judge Susan E. Cox
PC1